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HYSTERIA IN BOYS;

WITH THE REPORT OF A CASE.

BY ✓

S. HENRY DESSAU, M.D.,

Physician to the Out-Door Department of the N. Y. Foundling Asylum.

Reprinted from the AMERICAN JOURNAL OF OBSTETRICS AND DISEASES
OF WOMEN AND CHILDREN, Vol. XIII., No. IV., October, 1880.



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THE fact that hysteria affects children as well as adults, and boys as well as girls, is no longer new; but it has not yet received due recognition from the great body of the medical profession. All of the authorities on diseases of children, so far as I am aware, totally ignore such a disease as hysteria, although a few have in all probability described it under other names. West, and Meigs and Pepper more particularly have fallen into this error. On the other hand, all modern writers on and investigators of diseases of the nervous system agree in the fact that hysteria does occur in boys as well as girls, though more frequently the latter.

The term hysteria has been used to describe a peculiar degree and quality of nervous disturbance occurring in boys, as it is best adapted to convey an idea of a train of symptoms which are the counterpart of those seen in the female under like conditions. As Reynolds remarks in his article on hysteria (*System of Medicine*), "the older nomenclature, although retained on account of its practical utility, is virtually exploded as to its etymology." To say that hysteria is a disease which affects a particular organ or sex is no longer accepted as true. It has now been clearly shown that it is a well-defined functional disturbance of a certain group of nerve-centres. These

include the psychical, sensory, motor, reflex, and vaso-motor centres. It may be developed at as early an age as the perceptive faculties are. It possesses the characteristic feature of presenting an unlimited combination of symptoms, by which almost all other functional diseases are resembled. But there is no intention in this article to go minutely into the subject of hysteria, any further than it relates to the existence of the disease in boys. The name has perhaps hitherto been an obstacle to its ready recognition in males, young or old, but, as before remarked, it is a disease whose pathology is better understood than at the time it was christened. In the present number of this JOURNAL is an abstract of an article on the occurrence of hysteria in children, by Dr. Hermann Smidt, which gives some highly interesting information upon the literature of the subject. It will be seen that it was so late as the year 1824 when hysteria began to be recognized as an affection of children, including both sexes, by Georget. Afterwards it was mentioned by Landouzy in 1846, Brequet in 1859 and later by Scanzoni, Althaus, Amann, Bouchut, and Jacobi. Dr. J. Russell Reynolds, in his *System of Medicine*, article *Hysteria*, brings the fact of the existence of hysteria in boys into prominent notice, also Wilks and Rosenthal in their respective works on *Diseases of the Nervous System*. The last-named author gives perhaps the most complete information on the subject, of any writer on nervous diseases. He considers the disease a rare occurrence in boys, however, and states that he has only seen two cases. Dr. Wm. Roberts, of Manchester, England, reports in the *Practitioner* (London) for November, 1879, four cases of hysteria in boys occurring in his practice. They are highly interesting and present nearly all the various phases of this protean disease. Dr. Henry Thompson also reported a most typical case of hysteria in a boy to the Clinical Society of London, which is published in the *Lancet* of November 3d, 1877.

When it is considered that hysteria is a functional nervous disorder, irrespective of sex, it seems strange, in the light of our present knowledge, that it was not sooner recognized in children. And it is stranger still that it is so frequently overlooked, even at the present day, when we reflect that the nervous system in the child is in an active state of growth, and

therefore more highly susceptible to disturbing influences. That hysteria is of more rare occurrence in boys than girls is one more reason why the attention of the physician should be directed to its importance.

I have introduced the subject of hysteria in boys mainly for the purpose of presenting a case occurring in my practice, which had misled several physicians as to its true nature and had alarmed the family exceedingly, owing to the persistency of the case and the unfavorable prognosis given by the medical attendants.

I was asked to see Patrick D——, a well-grown boy of thirteen years of age, in July, 1877, in order to give "my opinion" of his ailment, as his former medical attendants, of whom he had had several, had considered him incurable.

The history that I obtained was, that he had complained more or less, fourteen months before, for six weeks of a pain in his right ear. Previous to and even at that time he was attending school and was a bright scholar, standing well in his class. Soon after the pain in his ear ceased, he began to complain of a pain in his right side, hypochondriac region, which gradually extended over to the left side. About the same time he contracted a severe cough, with loose muco-purulent sputa which soon passed away. The pain in the left side had continued up to the time of my visit, and he also had a dry, empty, barking cough, which afterwards became somewhat hoarse and sounded like the barking of a dog. Six months before I saw him, he began to complain of a pain in his left ankle-joint and later on in the knee-joint of the same leg. The pain in the ankle had disappeared, but he still complained, up to a few weeks before, of the pain in his knee. The left leg was flexed at about a right angle, and so firmly contracted that I could not extend it even with much force. The manipulation of the joint appeared to give him some pain, as he contracted the features of his face; but he gave no indication as to the amount he suffered, either in speech or otherwise. There was no swelling about the knee, nor, according to the mother's statement, from whom all of my information was obtained, had there ever been any. There were purplish scars upon the calves and inner side of both legs, the remains of an eruption which, from the description given, resembled an ecthyma. This eruption had occurred after the contracture of the limb began. He was extremely anemic and had not spoken for several weeks. He ate very little, and that after much persuasion. He did not vomit. His bowels were obstinately constipated, not being moved without an enema. His abdomen was very large and tympanitic, tender to pressure apparently, but not hard. The lungs, liver, and spleen were normal. The pupils of his eyes were somewhat contracted. He slept soundly. No assignable cause for his condition could be

discovered. A favorable prognosis was given, and after the use of an emulsion of cod-liver oil with the hypophosphites of lime and soda, and the syrup of iodide of iron for one month, he was entirely cured. He is now employed in a large drygoods house on Broadway.

In reviewing this case, it will be noted that many of the features associated with disturbance of the nervous functions in the adult female were not present. I refer here more particularly to exaggerated emotional and perverted mental symptoms. In the case reported by Dr. Thompson above mentioned, paroxysms of laughing and crying, and the globus were, however, present. The absence of such symptoms does not go to prove anything in regard to the nomenclature of the disease or its ready recognition by the physician, only that in the use of the name hysteria we are apt to be on better terms of understanding with the affection we have to deal with. If the various manifestations of perverted nutrition or functional disturbance of the nerve-centres were referred to one term, it certainly would be of great assistance to the medical practitioner, and such a generic term is found in hysteria, until a better one can be devised.

The main symptoms of my case were the contracture of the knee-joint, the loss of speech, and the profound anemia. Contracture of the various joints in subjects affected with disturbance of the nervous functions have attracted much attention since the days of Sir Benj. Brodie. The literature upon the subject has increased rapidly of late, and the profession is recently indebted to Dr. Newton M. Shaffer, of this city, for a very elaborate and exhaustive article on "The Hysterical Element in Orthopedic Surgery" (*Archives of Medicine* for Dec., 1879, Feb., 1880, and April, 1880). In the paper mentioned, contracture of the various joints of the limbs engrosses the greater share of attention. Two instances in boys are furnished, where this condition was at first the only marked symptom of the hysterical state. One such case is related as following an injury to the knee. Charcot has written on the influence of injuries in developing hysteria in the adult (*Progrès Médical*, May 4th, 1878), and considers "local hysteria" the result of an injury, "as equivalent to those local neuropathic symptoms, contracture of joints, which are the most singular attributes of infantile hysteria. In such instances of the latter kind, gene-

ral hysteria is found developed in after-life, when the first symptoms had been long forgotten." Loss of speech is often observed in hysterical patients. It would appear to belong to the psychical class of disorders, being an illustration of the loss of will-power over the action of the muscles concerned in the mechanism of speech. In fact, there may not be sufficient control over the will to exert the cerebral cells to reproduce words from the memory.

The peculiar hoarse cough, characteristic of a nervous element, might be noticed in this connection. It is short and dry and has a hollow tone, depending upon more or less paralysis of the vocal cords. The aphonia often observed in hysteria is due to the same cause, and sometimes alternates with the cough. This alternation of symptoms is diagnostic of hysteria. I lately saw this fact beautifully exemplified in a young girl who came to me with a hysterical facial paralysis of the right side, which no sooner disappeared under treatment than the left side was affected.

Rosenthal has arranged the symptoms of hysteria under the heads of sensory, motor, psychical, and vaso-motor disorders. Of these my case presented only those coming under the three last divisions, if the anemia was not due to an actual decrease of red blood-corpuscles. It is to be regretted that a microscopical examination of the blood was not made, and that the test for ischemia was not employed to determine this point. The condition which Charcot was the first to describe and which he calls ischemia or bloodlessness, is a vaso-motor disorder and is of an entirely different pathological nature from anemia; the one being a refusal of the blood to flow from a wound, the other being a depreciated quality of the blood. In both conditions there is paleness of the general surface, and it is likely that there is an intimate relation existing between the two in their mode of production. If such is the case, it may be doubted whether the anemia produces hysteria or is itself, like ischemia, a product of the profound disturbance of nervous nutrition. The scars upon the legs, mentioned in the history of the case here presented, are evidences of an eruption of ecthyma. The nature of eruptions accompanying nervous diseases have been investigated by various neurologists, more especially Charcot, who attributes their occurrence to a disorder

of trophic nerve-fibres supplying the part. Foster, in his *Text-book of Physiology*, in summing up the evidence of trophic influence, considers the balance turned in its favor. The presence of such trophic lesions in hysteria appears to ally the disorder of function to a degree of organic change in the nervous system.¹

An analogous transition of functional into organic diseases is illustrated in the case of carcinoma of the stomach following upon a persistent chronic catarrh of that viscus.

In regard to the causes of hysteria in boys, they are numerous. In the first place, the tendency, or "constitution" as it has been called by Trousseau, and "nervous temperament" by Smidt, may be inherited. This point is conceded by most writers upon the subject. Boys of an effeminate nature, as they have been described, have nothing more than a highly developed nervous organization. They are intensely emotional and have a most active perception. The principal immediate or exciting causes of the hysterical state in boys may be referred to either psychical influences, notably those of a depressing character, irritations of the genital apparatus, or the enfeebled state following any prolonged attack of sickness, such as the continued or eruptive fevers and pneumonia. The affection has often been known to become contagious in adults or, in other words, certain features of this or other diseases are mimicked. It is possible that this mimicry may also occur in boys, but I have not learned of such origin of the disease. Other nervous affections in children, such as chorea and stammering, are well known to be contagious, and there is no reason why hysteria, which manifests a much higher grade of nervous disturbance, should not be. The tendency of an injury in a predisposed subject to develop a "local hysteria" has already been referred to. Trousseau mentions, in his *Clinical Lectures* on the subject of Chorea, the fact that any affection contracted in the ordinary way may set up a train of nervous symptoms, such, for instance, as a nervous cough following a bronchitis. The psychical influences which may operate on the nerve-cen-

¹ Rosenthal attributes certain motor disorders in hysteria to a simple functional hyperemia, which, when it is chronic, may lead to an inflammatory process that may terminate in secondary changes of the cord and nerve-roots.

tres to cause hysteria in boys are of various natures, too lengthy too enumerate. Amongst the most ordinary are overstimulation of the growing brain from excessive study, fear, certain disappointments, regret, ill-treatment, and grief.

Irritation of the sexual organs, either directly or indirectly, is, perhaps, the most ordinary manner of developing hysteria in boys. This cause may sometimes operate through the influence of the mind, as when prurient thoughts have been aroused from reading lewd plays or books, or hearing lascivious conversations among their playmates. The common practice of onanism is a most fruitful cause of hysteria in boys, and has been alluded to at some length in a clinical lecture of the Seguin series by Dr. Jacobi. An adherent and contracted prepuce has been recognized by Dr. Sayre as sufficient to produce an irritation of the nerves supplying the male genital organ, that may result in various *contractures* or paralyses. These have been supposed to depend upon reflex causes, but they should more properly be regarded as evidences of hysteria. The irritation of the genital organs from the presence of worms in the intestines has also been recognized as an exciting cause of hysterical manifestations in children of both sexes.

In regard to the general termination of hysteria in boys, it may be said to be favorable, so far as the manifestations are concerned. The hysterical condition or temperament cannot be expected to be removed, though it may be modified by judicious management. This opinion of the prognosis of hysteria differs with some writers, but all of the cases that have lately been reported of hysteria in boys have recovered. West has, on the other hand, reported in his Lumleian lectures, "On Some Disorders of the Nervous System in Childhood," a case of what might properly be considered a severe form of hysteria in a boy five years old, caused by intense emotional disturbance, which terminated fatally in sixteen days. There was no pathological lesion sufficient to otherwise explain the nature of the affection.

Very little need be said concerning the diagnosis of hysteria in boys, after it is known that such a disease affects them. The same irregular grouping of nervous symptoms that are familiar to the physician when seen in the female, is sufficient to confirm the diagnosis. It is only where local hysterical symp-

toms are met with, that there is room for any doubt, and this may always be removed by a careful and close inquiry into the psychical features of the case. Electrical and anesthetic tests may be employed where a paralysis or contracture exists without other discoverable symptoms. Electro-muscular contractility without pain has been mentioned by Duchenne as characteristic of hysterical paralysis, but it is not always a reliable distinction, as other diseases of the nerve-centres occasionally present the same features; and I have seen a case of paralysis where the electro-muscular and cutaneous sensibility was sufficient to develop a paroxysm of hysteria. The easy flexibility of contracted joints under anesthesia precludes the presence of all inflammatory elements of disease.

The *treatment* of hysteria has undergone quite as great a revolution as its pathology. As a rule, iron in various forms, cod-liver oil, maltine, and occasionally nux vomica or ignatia amara are all the drugs that are requisite to restore the nervous system to its normal healthy function. In other words, the main therapeutical indications are to build up the blood and supply material for generating nerve-force. Dr. S. Weir Mitchell, of Philadelphia, has become the leader of this method of treating hysteria, for which, amongst other services, the highest gratitude of both the medical profession and laity is due him. Cold shower-baths, wet frictions, massage and faradization or the interrupted galvanic current, singly or together, are all of valuable service. The moral management of hysteria is of great importance, and will often alone, in recent cases, accomplish wonders. A caution might here be given, however, that the therapeutics of hysteria are not to be considered, as of old, as unworthy of any special attention. The indifference shown in the presence of the patient in order to allay his tendency to exaggerate the importance of symptoms, and the exercise of an authoritative tone of command, may assist the patient materially in regaining a healthy control over the nerve-powers. But there is, beyond doubt, in the majority of cases, a faulty supply of nutrition to the nerve-centres, where the administration of iron and cod-liver oil are most essential.

